PTO/SB/05 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 CFR 1.53(b)) APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. APPLICATION ELEMENTS See APPLICATION ELEMENTS ADDRESS TO: C. CO-ROM or Computer Programmed and supplication Computer Programmed Pro	emark Office; U.S. DEPARTMENT OF COMMENT mation unless it displays a valid OMB control number.								
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Address 1177 Avenue of the Americas 41st Floor									
Address 41st Floor									
City New York	Zin Code 10036-2714								
Telephone (212) 835-12	Zip Code 10036-2714 100								
Registration	100 Fax (212) 997-9880								
Name (Print/Type) Mark J. Thronson	1 10000								

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FEE TRANSMITTAL for FY 2003			ation 1	lumbe	r Not \	lot Yet Assigned			
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Effective 01/01/2003, Patent fees are subject to annual revision.						Not Yet Assigned			
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TOTAL AMOUNT OF PAYMENT (\$) 1,840.00		Attorney Docket No. H2041.0067							
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X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English spec	cification			
X Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a request	for ex pa	arte reexamination		
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1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal				
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in su		an appeal		
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1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	examined (37CFR 1.129(b))				
1204 84 2204 42 ** Reissue independent claims over original patent	1801		2801	375	Request for Continued Examination (RCE) Request for expedited examination				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	of a design application							
	1	Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00							
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Mark J. Thronson		tration N ney/Agen		,082	Tel	lephone	(212) 835-1400)	
Signature ()	2	_~			Dat	te	July 7, 2003		